

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page

1 of

1

STD 262 (REV 10/92)

| | | | | |
|------------------------------------|--------------|---------------------------------------|---------------------------------|------------------|
| CLAIMANT'S NAME Clark Blanchard | | SSAN OR EMPLOYEE NUMBER | DEPARTMENT Governor's Office | |
| POSITION Director of Advance | CB/ID NUMBER | DIVISION OR BUREAU Advance | | INDEX NUMBER |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | TELEPHONE NUMBER |
| CITY | STATE | ZIP | CITY | STATE |
| | | | Sacramento | CA |
| | | | | 95814 |

| MONTH/YEAR 4/10 | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | INCIDENTALS | TRANSPORTATION | | | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|---------|---|---------|-----------|-------|--------|-------------|-------------------|-----------|-------------------|---------------------------------|----------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | COST OF TRANS. | TYPE USED | TOLLS, PARKING | PRIVATE CAR USE MILES AMOUNT | | | |
| 19-Apr | 6a-430p | Sac/Menlo Park/Sac | | 4.30 | | | | | | | | 0.00 | 4.30 | |
| 22-Apr | 6a-330p | Sac/Milpitas/Sac | | | | | | | | | 230 | 115.00 | 115.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| SUBTOTALS | | | 0.00 | 4.30 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 230 | 115.00 | 0.00 | |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | \$119.30 | | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

19-Apr: Advance for Governor's visit to Menlo Park, CA for the Silicon Valley Leadership Group CEO Summit.

22-April: Advance for Governor's visit to SunPowers new manufacturing facility.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5PGJ014

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241002

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by CAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

SIGNATURE OF OFFICER APPROVING TRAVEL

DATE

4.23.10

4/27/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES